

## The Commonwealth of Massachusetts **Division of Professional Licensure**

239 Causeway Street Boston, MA 02114 www.mass.gov/dpl/boards/el

**Board of State Examiners of Electricians** (617)727-9931 TO BE USED BY APPROVED ORGANIZATIONS or EMPLOYERS FOR THEIR MEMBERS OR EMPLOYEES **FORM 224** 

## CERTIFICATE OF SCHOOL EXPERIENCE

Under the provisions of 237 CMR Rules and Regulations Section 13.00: Eligibility Criteria for Initial Licensure

Courses conducted by an organization for its employees or members at no cost as described in 237 CMR Section

Name of Applicant - Type or Print your r	name		Signature of Applicant	
THE FOLLOWING IS	TO BE (	COMPLETED BY I	BOARD APPROVED OFFICIALS	
Subject to the penalties set forth in Sec statement made by	tion 5 of	chapter 141 of the C	General Laws, I subscribe to and vouch for the	
Name of Applicant - Type or Print		Address	Social Security number	
In the application for examination for a _classroom instruction at		n or System Technician	_license the student named above did comple	
Name of Organization - Type or Print	describe co	ourse of study– security/fir	re/light heat of power with hours successfully completed	
From	20	То	20	
Date of Enrollment of course		To20 Date of Completion of course		
IN STATE-API	PROVED	ELECTRICAL PRO	OGRAM ONLY	
Name of Designated School Official - T	Type or Pi	rint	Title	

General laws, Chapter 141 Section 9. Any person applying for a license and making any misstatement as to his or her experience or other qualifications, or any person, firm or corporation subscribing to or vouching for any such misstatement, shall be subject to penalties set forth in.